

DHCH22 Limited

Dovehaven Grove

Inspection report

Poplar Grove
Bamber Bridge
Preston
Lancashire
PR5 6RE

Tel: 01772337105

Date of inspection visit:
26 October 2021
27 October 2021

Date of publication:
23 November 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Dovehaven Grove provides personal care and accommodation for up to 55 people who are living with dementia. At the time of our inspection there were 37 people living in the home. The home is in the Bamber Bridge area of Preston. Accommodation is provided on three floors, though currently only the ground and first floor are occupied. There is lift access to the upper floors. There are a variety of spacious communal areas available and smaller sitting areas along the corridors.

People's experience of using the service and what we found

People received their medicines from trained staff whose competencies had been checked regularly. We found some medicine records had been inaccurate and some signatures had been missed. We did not identify any harm but have made a recommendation about medicine recording in the report.

The provider had robust monitoring systems in place to help keep oversight of the quality of care and records. We found the new electronic system did not provide enough assurance about the accuracy and quality of care records. We did not identify any harm but we have made a recommendation about this in the report.

People received safe care from trained staff. The provider recruited people safely which helped ensure staff were suitable to work with vulnerable people. Staff understood how to recognise and report any concerns which may indicate a person was at risk of abuse or harm.

The premises were clean, tidy and maintained to a high standard. The provider ensured environmental risks were managed in line with current legislation. This included the servicing of equipment and fire safety checks.

Staff were guided by the providers assessment and care planning procedures which supported staff to provide effective care. People and their relatives had been involved in developing care plans.

People received a varied range of food at the correct consistency. People told us; "[food] is pretty good, fresh vegetables every day." and "If you don't like it they'll get you something else." and "[food] is always very good, they do my favourites."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People looked well cared for. The registered manager and deputy had helped to embed good standards of care. Staff were kind, polite and attentive. People told us; "They're all smashing, they look after me." and

"The lads that look after me are brilliant they're a cracking bunch."

People were supported to engage in a broad range of activities including; singing and dancing, indoor gardening, storytelling and pampering session. In addition, people were encouraged to engage in day to day tasks around the home on a 'little and often' basis.

The home was well managed by a committed management team. People living in the home, their relatives and staff praised the management teams' approachability and openness.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This service was registered with us on 15 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection due to the service being newly registered and needing a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-Led

Details are in our Well-Led findings below

Requires Improvement ●

Dovehaven Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors, one medicine inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dovehaven Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authorities and professionals who work with the service. This information helps support our inspections. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager and nine members of staff. We spoke with eight people living in the home and the relatives of eleven people. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a further three members of the providers management team. We looked at a variety of records, including care records for four people the medicine records for seven people and the providers quality monitoring and audits. We reviewed building maintenance and safety documentation.

After the inspection

We continued to seek clarity to validate the evidence we found. We contacted a health professional with experience of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff administering medicines had been trained and their competencies were checked. Staff knew people well and met their medicines support needs. Staff worked well with prescribers to review people's medicines.
- Controlled Drugs had not been recorded in line with legislation and checks had not picked this up.
- Staff did not always record accurately when thickener was added to drinks for people at risk of choking or aspiration. We were assured that a process would be put in place to improve recording. Thickeners were not always stored in a safe way for one person. The manager assured us this would be addressed immediately.
- Although there was a system in place for recording topical medicines such as creams on the electronic system, we found these were not always completed accurately.

We recommend that the service reviews systems for recording controlled drugs to ensure they are not misused or mishandled. We also recommend the home reviews medicine audits to help ensure they are effective.

Systems and processes to safeguard people from the risk of abuse

- The providers policies and procedures helped ensure people were protected from the risk of abuse and avoidable harm.
- Staff had received training from the provider and understood what a safeguarding concern might be and how to raise it. Information about how to raise concerns with the local authority was displayed in the staff room.
- The registered managers' safeguarding log was accurate and included clear records about any incidents and any lessons learned.

Assessing risk, safety monitoring and management

- The provider had thorough risk assessment and monitoring procedures in place which helped ensure risks were managed safely.
- Risk management plans had been reviewed and updated regularly and also in response to any changes in the person's needs.
- Environmental risks had been managed in line with legislation. Safety checks and maintenance of equipment, including hoists, the lift and electrical installations, had been completed within recommended time scales.
- We identified kitchenettes on two floors were not always kept secured. This meant there would be a potential risk of harm should a person who was unable to understand the risks access the boiling water

geyser. We raised this with the registered manager who held an immediate meeting with staff. We were assured this risk was now managed.

- Fire safety equipment had been maintained and checked regularly which helped ensure people would be safe in the event of a fire. A recent fire risk assessment had been received and the recommendations in it were being considered and addressed.

Staffing and recruitment

- Recruitment policies and procedures helped ensure staff were recruited safely. Recruitment files we saw included all the necessary information. Pre-employment checks had been completed prior to staff starting work.

- Staffing levels in the home had been maintained in line with the providers assessment of people's needs. One person told us, "If I press my call button, the staff come quite quickly but I don't use it much." At times staffing levels had been achieved by a significant use of agency staffing. This may have impacted on the lack of consistency and quality of care records we identified. We were assured people had remained safe.

- Staff we spoke with had mixed views about staffing levels. Staff were seen to be busy but able to respond to people in a timely way during the inspection. Most staff had told us things were better when regular staff were on duty. We noted the provider and registered manager had made recent progress in relation to recruitment and were assured this would have a positive impact.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had a system in place to help learn from any incidents or accidents in the home. This included analysing trends and identifying potential triggers for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had robust assessment procedures in place. Detailed information included in assessments, and care records helped ensure people's needs were identified effectively.
- Care plans provided clear information about the support people needed to meet their needs. Daily care records were recorded electronically. We found the electronic records either did not show people's care needs had always been met or did not record the information entered by staff. Examples included; Repositioning was not always recorded at the appropriate intervals. Tasks identified as 'Must Do' had not always been entered on the record. It was difficult to identify if the task had been missed or the entry on the record missed. The registered manager addressed any potential gaps in care daily in 'flash' meetings.

Staff support: induction, training, skills and experience

- The provider had clear oversight of the training staff had completed. Some training needed refreshing, and this had been planned.
- The provider had a robust induction programme for new staff. Staff we spoke with were very positive about the quality of their induction.
- Staff said they felt they had enough training and understood the individual needs of people living in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs had been fully assessed by the provider. Information and advice from other professionals including dietitians and speech and language therapists were included in people's care plans.
- People were supported to eat and drink enough. There was a choice of food available on the menu. People were able to choose something different. Nutritional targets were included in care records.
- People had detailed plans to help ensure they were supported to eat and drink safely. During the inspection we identified one person's plan had not been followed by staff which had resulted in the person attempting to eat a non-food item. We raised this with the registered manager who addressed this with staff immediately. There was no evidence of harm and we were assured this had been an isolated incident.

Staff working with other agencies to provide consistent, effective, timely care

- Care records included information and guidance from other agencies. Care records we looked at included advice from occupational therapists, health professionals and social workers.
- Staff understood the different roles other agencies had in people's care and followed the guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- Care records included clear information about people's health needs and guidance for staff on how to support people to maintain their health.
- People had access to health screening, including opticians, chiropody and hearing tests. Two relatives were concerned about access to dental care. They had raised their concerns with the registered manager directly who was arranging for a visiting dentist.
- The registered manager worked closely together with an Advanced Nurse Practitioner, (ANP) who visited the home each week to review people's health needs. The ANP was available at other times to support the staff.

Adapting service, design, decoration to meet people's needs

- The home was spacious with a variety of communal areas including small kitchens, lounges and dining areas on each floor. There were large built in padded benches in the middle of the long corridors. This allowed people to stop and rest. We saw several people sitting and chatting and watching staff going about their work.
- There were examples of dementia friendly environments throughout the home; decoration and flooring was plain which can make it easier for people living with dementia to find their way around. There was signage around the home with pictures to help people identify dining rooms, bathrooms and lounges.
- There were a variety of adapted bathing facilities available which helped ensure people had a choice of a shower or a bath if they wanted.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a system in place which helped ensure people were only deprived of their liberty within the legal framework of the MCA. There was also a system in place to renew DoLS authorisations.
- The registered manager and the staff team demonstrated good understanding of the principles of the MCA. Care records identified the decisions some people may need support to make and how best to support them. Where people had a relative or other person acting on their behalf, this had been recorded.
- Staff understood the importance of asking people before they provided any care or support. We saw staff taking their time to seek the views of people living in the home. Staff were seen to knock on people's doors before entering.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed the staff team were kind and caring towards people living in the home. Staff were respectful, polite and patient.
- People's care records included important information about their lifestyle, background and identity. Staff had received training in equality and diversity and understood the importance of respect.
- Some people in the home were living with dementia, at times this could mean the person experienced distress and confusion which could result in them posing a risk to themselves or others. Staff were observed to be skilled in understanding and supporting people to minimise the impact of the person's distress. Staff we spoke with were able to describe their knowledge and skills in relation to supporting people when distressed.

Supporting people to express their views and be involved in making decisions about their care

- People's care records included clear information about how they preferred to be communicated with. Care records identified, for example where a person needed more time to think about what was being said. Information for staff included guidance on keeping messages simple and not to overload people with too many questions at the same time. This helped ensure people were able to express their views and make decisions.
- We saw staff interacting with several people living in the home and found they followed good practice.

Respecting and promoting people's privacy, dignity and independence

- People living in the home looked well cared for, everyone was well groomed and dressed nicely. Relatives told us "The care is very good; this is the place I would choose. The staff are fantastic and [name] has really taken to them." and "'Personal care is very good, [name] is always clean and tidy when I visit and they have even plaited her hair."
- People were encouraged to be involved in their care. Staff supported people to maintain their skills and recognised when people's abilities might fluctuate.
- One relative told us they had not been satisfied with the way their relation looked when they visited. However, they said they reported this to staff who responded immediately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care from staff who understood their needs wishes and preferences. Care records included detailed information about the person's life experiences and how they preferred to do things.
- Assessments and care plans had been written in person centred language. Relatives told us they had been involved in developing care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard. Information was provided in a variety of ways to support people to understand. This included signage with pictures around the home.
- People's ability to communicate and how best to support them was included in care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records included information about people who were important to them and their contact details. People were supported to maintain contact with their families. However, two relatives told us they could find it very difficult to get through to the home on the phone. We discussed this with the registered manager who told us the home were investing in improved facilities including a phone line on each floor of the home.
- People were supported to engage in activities which were meaningful to them. The provider had employed a resident experience coach who trained staff how to engage people in a series of activities throughout the day. People had access to a dementia friendly game on a large easily accessible screen in one of the communal rooms.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to address people's concerns. We reviewed the complaints log and found complaints had been recorded and responded to in line with the providers' policy.

End of life care and support

- People had been supported to consider their future wishes. Care records included details about advanced decisions. Relatives had been consulted and their views recorded.
- People had been supported at the end of their lives in line with their wishes. The service had additional support from community-based health professionals when required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. The providers recording system did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had robust quality monitoring procedures in place which helped support the registered manager maintain oversight of the quality of care and records. However, in relation to medicines we saw gaps in the records which had not been identified by the providers monitoring procedures. We have discussed this in the Safe domain of this report.
- The provider used an electronic system to record care provided, staff entered on a handset at each intervention. The system would alert managers when any tasks had been missed or were late. We found this system did not always provide assurance tasks had been completed. We discussed our concerns with the provider and registered manager. We were assured the issues would be addressed through a combination of improved technology in the home and staff training to use the system. We did not find any evidence of harm. We will review this at our next inspection.

We recommend the provider ensures care record systems operate effectively and are understood and implemented accurately by all staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team demonstrated positive values and commitment to providing people with high-quality person-centred care. We saw staff working kindly, patiently and respectfully with people.
- Staff felt supported by the registered manager and deputy. All staff we spoke with said the atmosphere in the home had improved since the management team had started working in the home. Staff said, "I really enjoy working here." and "We feel supported. I am able to make decisions and they (registered manager) will back me up."
- A relative told us, "The manager and her team are friendly and welcoming, we can't thank them enough for the care and compassion they show."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their obligations to be open and honest with people. Care records showed contact with relations had been made to inform them of any incidents such as a person needing to go to hospital or need additional medicines.

- The registered manager had notified the appropriate agencies, including CQC of any incidents they were required to report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people regularly through a variety of methods. Staff meetings were held regularly, and daily flash meetings and handovers helped ensure staff were informed of any changes. Staff were able to express their views and concerns.
- People living in the home were consulted with regularly, in ways which supported them to express their views.
- Relatives had been consulted with and given the opportunity to provide feedback. Some relatives we spoke with found communicating with the home could be very difficult. One person said they had not been able to get through on the telephone for over a day. We discussed this with the registered manager who acknowledged this had been a difficulty and they were waiting for an upgraded system to be installed which would provide for a telephone on each floor.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and supported staff to achieve qualifications.
- The registered manager had accessed forums for shared learning with other registered managers. Some events had been limited due to the recent pandemic.
- The provider had effective systems in place to analyse information and could respond to their findings by suggesting improvements to care.
- The registered manager worked with partner agencies, including community based health professionals, commissioners and the local authority. Feedback we received was very positive.